

CLAIMS ONLY						Application Number 101542539	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31			/				81
32			/				82
33			/				83
34			/				84
35			/				85
36			/				86
37			/				87
38			/				88
39			/				89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep			/				Total Indep
Total Depend			9				Total Depend
Total Claims			10				Total Claims